



ALABAMA DEPARTMENT OF REVENUE  
SALES, USE & BUSINESS TAX DIVISION  
SEVERANCE & LICENSE SECTION

P. O. Box 327550 • Montgomery, AL 36132-7550 • (334) 353-7827

Application for Act 539 Regulatory License

October 1, 2005 through September 30, 2006

LIC: 539-3 Rev. 6/05

For Office Use Only

☐ New ☐ Renewal

County \_\_\_\_\_

Applying For:

Check Appropriate Box(es)

Franchised New Motor Vehicle Dealer ..... ☐ } ..... \$10.00  
Used Motor Vehicle Dealer (Retail) ..... ☐ } ..... \$10.00  
Extra Locations (\$5.00 each) ..... \$ \_\_\_\_\_  
Total Enclosed With Application ..... \$ \_\_\_\_\_  
Motor Vehicle Reconditioner ..... ☐ ..... \$10.00  
Motor Vehicle Rebuilder ..... ☐ ..... \$10.00  
Motor Vehicle Wholesaler ..... ☐ ..... \$10.00

Worthless Checks Will Result In License Revocation

For New Car Dealers ONLY!  
Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Line Make: \_\_\_\_\_

1. \_\_\_\_\_  
LEGAL NAME OF BUSINESS DBA NAME

MAILING ADDRESS CITY STATE ZIP

STATE SALES TAX NUMBER (RETAIL ONLY) FEDERAL EMPLOYER ID NUMBER DATE BUSINESS BEGAN

2. Form of Organization: ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation

Provide the information below. If individual, give owner; if partnership, give partners; if limited liability company, give members; and if corporation, give officers and directors.

	NAME	SOCIAL SECURITY NO.	HOME ADDRESS & CITY	HOME PHONE
A.	_____	____/____/____	_____	(____) _____
B.	_____	____/____/____	_____	(____) _____
C.	_____	____/____/____	_____	(____) _____

3. List exact permanent location(s):

	ADDRESS	CITY	ZIP	TELEPHONE (LANDLINE)
Primary Location	_____	_____	_____	(____) _____
Second Location	_____	_____	_____	(____) _____
Third Location	_____	_____	_____	(____) _____

4. **Number of Motor Vehicles Sold** January 1, 2004 through December 31, 2004:

RETAIL:

WHOLESALE:

New Vehicles \_\_\_\_\_

Used Vehicles \_\_\_\_\_

NOTE: Failure to provide all information will result in a delay of processing the application.

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Approved By: \_\_\_\_\_  
Bond Number: \_\_\_\_\_  
W/I Date: \_\_\_\_\_  
Entered By: \_\_\_\_\_  
Date: \_\_\_\_\_

5. The questions in part 5 must be answered by **ALL APPLICANTS**. (Only retailers are required to have a sign.)

	Yes	No
a. Have you ever knowingly dealt in stolen vehicles or accessories? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you disconnected, turned back, or reset the odometer of any motor vehicle in violation of state or federal law since September 1, 1991? .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you skipped title assignments or accepted open assignments of title or bill of sale during the last year? .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Section 40-12-395, <b>Code of Alabama 1975</b> , states in part: "Only one licensed dealer shall operate at the same place of business; provided, that a motor vehicle reconditioner or motor vehicle rebuilder may operate on the premises for which he is licensed to operate as a motor vehicle dealer." Do you acknowledge awareness of this statement? .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Regarding the location(s) listed in part 3 of this application:		
1) Is/Are the location(s) permanent and owned or leased by the sole proprietor, a partner, LLC member or the corporation as listed on the application? .....	<input type="checkbox"/>	<input type="checkbox"/>
2) Is there sufficient space to adequately display/store on each location one or more vehicles offered for sale? (Space must be exclusive.) .....	<input type="checkbox"/>	<input type="checkbox"/>
3) Does/Do the location(s) have a suitable place from which a motor vehicle dealer can, in good faith, carry on the business of a motor vehicle dealer, keep and maintain books and records necessary to conduct such a business? .....	<input type="checkbox"/>	<input type="checkbox"/>
4) Does/Do the location(s) listed in part 3 have operable telephone(s) listed with the telephone company under the name of the licensed business? .....	<input type="checkbox"/>	<input type="checkbox"/>
5) Does/Do the location(s) listed in part 3 each have the required sign designating that the location is a place of business of a motor vehicle dealer? (Retailers only.) .....	<input type="checkbox"/>	<input type="checkbox"/>

**The information provided in this application will be cross-checked for compliance with Alabama Sales Tax and Income Tax Laws.**

Under penalties of perjury, the undersigned hereby certify that all information contained in this application for a regulatory license is true and correct in every respect; furthermore, that the undersigned is/are aware of all requirements provided by Sections 40-12-390 through 40-12-400, **Code of Alabama 1975**, and is/are aware of all applicable penalties for code violations.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Signature of Principal, Partner or Officer

\_\_\_\_\_  
Signature of Principal, Partner or Officer

\_\_\_\_\_  
Signature of Principal, Partner or Officer

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**Retailers only**

**Attach Photo(s) Here**

**Photo(s) must show Sign and Location  
labeled for each separate location.**

***A new photo is required each license year.***

**Digital photos are only acceptable on photographic paper.**